



**THD AT-HOME SERVICES, INC.
HOLD HARMLESS AGREEMENT
(Not Applicable In HI and ID)**

I, the undersigned ("Subcontractor") do not currently have Workers' Compensation Insurance because I qualify for one or more of the allowable exemptions/exclusions listed below. I understand that Workers' Compensation Insurance is mandatory in Hawaii, Idaho, and New York.

In consideration of the Subcontractors engagement as detailed in the Independent Contractor Agreement and the services provided hereunder, and additional services that may be requested by THD At- Home Services, Inc., ("THD") and other valuable consideration, the receipt and sufficiency of which are expressly acknowledged, THD and the Subcontractor hereby agree as follows:

To the fullest extent permitted by law, Subcontractor agrees to defend, indemnify, and hold harmless the following: customers at whose home Subcontractor is performing work; The Home Depot; and THD, and their respective related corporate entities, officers, agents and employees from any and all loss or damage or injury arising out of or resulting from any and all injuries, losses, claims and damages and all costs and expenses, including and without limitation attorney's fees, and any other liabilities incurred by THD's customers, the Home Depot, and/or THD, arising out of any services provided by Subcontractor or its agents, employees, or Subcontractors, regardless of whether such loss or damage arises from a negligent act or omission of the customer, individual employee, The Home Depot or THD.

If at any point in the future I am no longer exempt from obtaining Workers' Compensation insurance, I will acquire the necessary Workers' Compensation Insurance before any of my employees are allowed to work on a job for which I have sub-contracted for THD. A certificate of insurance will be provided to THD at such time.

Please check **only** the appropriate boxes below (place a check next to each state in which you are allowed operate). I am a:

☐ **Sole Proprietor/Partnership with no employees that operate in:**

<input type="checkbox"/>	Alaska	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	California	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	Washington
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	DC	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Idaho	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Montana	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	New York		

☐ **Corporate Officer's and members of an LLC, who qualify for exemption/exclusion based on State guidelines, that operate in: Note: Forms Needed if Applicable (see below)**

I do here by attest I am a Corporate Officer or member of an LLC, with no employees. If at anytime I hire employees, I must provide THD with proof of Worker's Compensation for those employees. I have submitted to the State, the required exemption form as indicated below, and have attached a valid copy to this agreement.

<input type="checkbox"/>	Connecticut (Form 6B)	<input type="checkbox"/>	Colorado (Form WC43)	<input type="checkbox"/>	Florida (DWC 250)
<input type="checkbox"/>	Massachusetts (Form 153)	<input type="checkbox"/>	New Hampshire (no form unless has emp.)	<input type="checkbox"/>	Pennsylvania (LLC's Only – No Form)
<input type="checkbox"/>	Vermont (Form 29)	<input type="checkbox"/>	New York		

- ☐ **Corporate Officer's and members of an LLC, who qualify for exemption/exclusion based on State guidelines, that operate in: Note: Forms needed if Applicable (see below)**

I do here by attest I am a Corporate Officer or member of an LLC, who has **employees**, but am still allowed to exempt myself, as indicated in the governing State Law. I have worker's compensation to cover my employees, and have submitted to the State, the required exemption form as indicated below, and have attached a valid copy to this agreement.

<input type="checkbox"/>	New Hampshire (Form 6WCEX)	<input type="checkbox"/>	New York (Form C-105.51)
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- ☐ **Sole Proprietor/Partnership with no employees , that have rejected coverage and submitted the appropriate form and received the attached verification from the state Workers' Compensation Agency that I am exempt and, I have no employees and operate in:**

<input type="checkbox"/>	Indiana (Form WCE-1)	<input type="checkbox"/>	Michigan (Form WC-337)	<input type="checkbox"/>	Missouri (Form WC-134)	<input type="checkbox"/>	Oklahoma (Form UF-67)
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- ☐ **Sole Proprietor/Partnership with two (2) employees or less and operate in:**

<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Virginia
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- ☐ **Sole Proprietor/Partnership with three (3) employees or less and operate in:**

<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	South Carolina
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- ☐ **Sole Proprietor/Partnership with four (4) employees or less and operate in:**

<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Georgia	<input type="checkbox"/>	Mississippi
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- ☐ **Sole Proprietors, Partnerships, members of an LLC and/or Corporate officers, designated below, who are allowed under current State guidelines to exempt or exclude themselves from worker's comp, and have a valid exemption with State, and operate in: Note: Forms needed if Applicable (see below)**

<input type="checkbox"/>	Maine (Form WCB-2C)	<input type="checkbox"/>	Texas (Form TWCC-83)	<input type="checkbox"/>	Utah (Form WCF 1001-3A)
<input type="checkbox"/>	Pennsylvania (Form LIBC-509 & LIBC-513)	<input type="checkbox"/>	Rhode Island (Form DWC-11-IC) Notice of Designation of Independent Contractor with THD At-Home Services listed as the hiring entity.		
<input type="checkbox"/>	New York				

This agreement may not be modified or amended, except in writing executed by an officer of the company. Each party of this Agreement has all requisite legal power and authority to execute and deliver this Agreement which constitutes a legal, valid and binding obligation of each party. This is a Georgia contract and shall be construed and enforced and governed by the laws of the State of Georgia, without regard to the conflict of laws principles thereof. The Subcontractor agrees that Georgia is the appropriate forum for any dispute related to this Agreement and agrees to submit to the jurisdiction of the courts of Georgia.

By my signature below I warrant that either I or my company is exempt from carrying Workers' Compensation Insurance for the reasons I have indicated above by my checkmark.
I will submit to THD all required affidavits and/or waivers as required by state law.

Signature of Installer: _____ Date: _____

Name of Company: _____ State: _____